



STAR Materials Grant Application

September 1, 2006 – April 30, 2007

Applying School _____ District _____

School Principal _____

STAR Coordinator _____

STAR Coordinator E-Mail _____ School Phone _____

Instructions for Materials Grants:

Check boxes to indicate compliance with the following requirements:

- ☐ Individual students are assessed, pre and post, for placement and progress reporting. (See attached Accountability Reports, submitted, to the USOE, attn: Sue Okroy, twice a year, November 15 and the middle of May.
- ☐ The school has an on-site school **STAR** Coordinator.
- ☐ The school has at least one certified **STAR** Trainer.
- ☐ Students will receive a minimum of two –thirty minute sessions per week.
- ☐ Attended certification training for **STAR** Coordinators provided by the USOE.
- ☐ The Star Coordinator provided training for new tutors.
- ☐ List the names of those who attended training. Include date and location of training:

- ☐ The school has a space for a **STAR** Tutoring Center (books and materials storage) and a space for tutoring.
- ☐ USOE will schedule the annual site visit with your District Literacy Specialist. Your District Literacy Specialist will inform you of the date.

The purpose of the **STAR** Materials Grant is to provide essential leveled texts required to implement and administer the **STAR** program. **Purchase of other school items will not qualify under this grant.**

Qualifying schools may order **leveled books, one of each title, from the STAR Approved Publisher list.** The website for the approved publisher list is: <http://www.schools.utah.gov/curr/Star/default.htm>. This brings up the **STAR** Homepage. You will find the order form by clicking on the publisher for a book list and order form.

The school is responsible to pay up front for the total amount of the book order. The Utah State Office of Education will reimburse the school up to \$500.00. The maximum amount of \$500.00 is all the school may receive for a book order per year, as **funds are available.**

The Principal is responsible to contact the district office for reimbursement of funds. This process takes between six to eight weeks.

☐ Complete the attached proposal to purchase **STAR** materials. Please attach the typed proposal with this application (see pages 3-4).

Agreement of STAR implementation and maintenance:

I, _____, verify that **STAR** will be implemented with fidelity at _____.

I understand that if **STAR** is not implemented and maintained throughout the year, the school will repay the \$500.00 **STAR** Materials Grant.

Signed: _____
Principal's Signature

Proposal for **STAR** Materials

Name (s) of teacher (s) involved with **STAR**:

_____	_____
_____	_____
_____	_____
_____	_____

Number of all students receiving **STAR** tutoring _____

Number of **STAR** sessions each student will receive _____ (on average)

List **STAR** volunteers:

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Before you order books, the following must be done:

- 1. Submit the **STAR** Grant Application with proposed level book order.*
- 2. You must receive email or telephone approval from Sue Okroy before you can order books*
- 3. The **First Accountability Report** must be submitted with application before you can place your book order.*

Download and attach the **STAR** order form from the website. The website for the approved publishers list is: <http://www.schools.utah.gov/curr/Star/default.htm>. This address brings up the **STAR** Homepage. You will find the order form by clicking on **STAR** Approved Publishers list. Then click on the publisher for a book list and order form. The \$500.00 **STAR** Materials Grant specifies only individual book titles will be accepted. **No school supplies will be covered by this grant.**

Please attach a separate sheet of paper with your type written school objectives for the **STAR** program or write them on the space provided below. There are many Educational Objectives for struggling readers. The objectives you select need to reflect the Utah State Elementary Language Arts Core Objectives.

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STAR Reimbursement Request Form

- **After book orders have arrived:**
- **Attach a copy of proof of payment along with this STAR Reimbursement Request Form.**
- **Send Reimbursement Request Form to the address listed below.**

Utah State office of Education
Attn: Sue Okroy
250 East 500 South
P. O. Box 144200
Salt Lake City, Utah 84114-4200
Phone Number: 801-538-7765
Fax Number: 801-538-7588

Applying School: _____

District: _____

Address: _____

_____ Zip: _____

Telephone: _____

Principal's Signature

Date

STAR Coordinator's Signature

Date

Principal's Name Printed

STAR Coordinator's Name Printed

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STAR Grant Check-off Sheet

Detach and keep this Check-off Sheet for your school records.

1. ☐ Before December 31, 2006 send the first **four pages** of the **STAR Materials Grant Application** and the **STAR First Accountability Report** to:
Utah State Office of Education
Attention: Sue Okroy
250 East 500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200
or
Fax to: **801-538-7588**
2. ☐ **Before ordering books**, Sue Okroy will need to confirm the proposed level book order by telephone or email.
3. ☐ **After the book order arrives**, send page five of the **STAR Materials Grant Application**, which is the **STAR Reimbursement Request Form along with a copy of proof of purchase to Sue Okroy at the address listed above.**
4. ☐ **Principal** contacts the District Business Manager to receive reimbursement of funds for books.
5. ☐ Send in the **Second STAR Accountability Report** after post-assessment, approximately the middle of May.

USOE **STAR** Tutoring Program **First** Accountability Report

The **STAR** Accountability Report provides the Utah State Office of Education, school districts, and local schools with evidence of program implementation and progress. In order to receive funding from the **STAR** Materials Grant and training support from the USOE, the report must be completed and submitted **two** times during the year.

School _____ District _____

School principal _____ School principal e-mail _____

School Star Coordinator _____ **STAR** Coordinator e-mail _____

Number of teachers involved with **STAR** _____ Number of **STAR** volunteers _____

Number of students participating in **STAR** _____

Number of 30-minute STAR sessions each student received _____ (on average)

Submit Accountability Report **two** times during the school year to Sue Okroy on or before the following dates:
November 14, 2006 and May 19, 2007*

Utah State Office of Education
Attn: Sue Okroy
250 East 5500 South
P.O. Box 144200
Salt Lake City, Utah 84114-4200

*CRT data may delay the end-of-year report for those schools where CRT's are the only administered reading assessment available.

First USOE STAR Program Accountability Report Form

(Provide additional grids as needed)

Assessment (i.e. TPRI, CRT*, DIBELS, running record) _____

Pre-test date _____

Classroom Teacher	Student	Tutor	Pre-test Score / Grade Level

I, _____, verify that the **STAR** Program has been implemented with fidelity at
Principal's Name

_____. I understand that if STAR is not maintained throughout the 2006-2007 school year,
School Name

the school will repay the \$500.00 **STAR** Materials Grant.

Date of Report submission _____

Principal's Signature _____ STAR Coordinator's Signature _____

USOE STAR Tutoring Program
Second Accountability Report
Submit this form after completion of End of Level testing
Approximately the middle of May

The **STAR** Accountability Report provides the Utah State Office of Education, school districts, and local schools with evidence of program implementation and progress. In order to receive funding from the **STAR** Materials Grant and training support from the USOE, the report must be completed and submitted **two** times during the year.

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Second USOE STAR Program Accountability Report Form

(Provide additional grids as needed)

Assessment (i.e. TPRI, CRT*, DIBELS, running record) _____ Pre-test date _____ Post-test date _____

Classroom Teacher	Student	Tutor	# of 30 Min. STAR Sessions/yr	Pre-test Score / Grade Level	Post-test Score / Grade Level

I, _____, verify that the **STAR** Program has been implemented with fidelity at

Principal's Name

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School Name

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